

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578523

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10			1			
11			1			
12			1			
13			1			
14			1			
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	8	←	8	←		
TOTAL CLAIMS	9	[REDACTED]	9	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	